

Ginkgo, Vioxx and Excessive Bleeding – Possible Drug-Herb Interactions: Case Report

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A 69 year old Chinese man with history of mild diabetes, hypertension and arthritis presented to medical care Feb. 2000 complaining of right leg weakness and unsteady gait 8 days after injury to the left side of head with a baseball. There was no loss of consciousness. His medications included Zestril, Glyburide, and Vioxx. He was not taking Aspirin. History of supplement use

was not obtained.

Examination confirmed right sided weakness and unsteady gait, no other abnormality identified. Emergency CT scan of head revealed a large subacute left subdural hematoma. CBC, PT & PTT were WNL. Bleeding Time was not done. Emergency evacuation of the hematoma was performed and well tolerated, no evidence of excessive bleeding intra- or - post operatively. The patient recovered and his weakness resolved. Follow-up CT scan was obtained 2 months postoperatively and revealed 3 new small subdural hematomas at different stages. There was no additional injury. No history of excessive bleeding tendency. History of supplements use was obtained, patient has been using the following supplements "for years": Ginkgo Biloba-253.4 mg daily (for memory), Siberian Ginseng -162 mg daily, Fish oil tablets-1000 mg daily, Vit E-30 IU daily and multivitamins. He was not taking any Garlic or Ginger supplements. His examination was WNL, there was no neural deficit and no evidence of ecchymosis. Lab revealed abnormal Bleeding Time at 17.5 (nl<8); CBC, PT & PTT - WNL. All supplements and Vioxx were discontinued, and patient was observed conservatively. One week later Bleeding Time returned to normal, and remained normal upon resuming low dose Vioxx (7.5 mg daily). Patient has remained neurologically stable to this date, repeat CT was not done yet.

Discussion

Ginkgo Biloba contains several active ingredients including Ginkgolides, which have a variety of pharmacological actions. Ginkgolide B is a potent inhibitor of Platelet Activating Factor.¹⁻³ One study documented inhibition of platelet aggregation by Ginkgo, with normal coagulation parameters including Bleeding Time.⁴ There have been several reports of excessive bleeding associated with using Ginkgo alone,^{5,6} or together with Aspirin,⁷ or Coumadin.⁸ The question arises whether Ginkgo by itself, or in combination with Vioxx contributed to the occurrence of the traumatic as well as the recurrent, spontaneous, subdural hematomas.

In view of the increasing popularity of Ginkgo, it is prudent to explore further the potential complications of isolated use, as well as in combination with other herbs or Rx medications, and establish guidelines and limitations for its use, possibly utilizing laboratory parameters.

This case illustrates again the importance of including use of supplements in the history of all our patients.

References

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